Residence Survey

Participant ID

☐☐☐

Home and Vehicle Characteristics

GPS Coordinates of Residence

☐☐☐ . ☐☐☐☐☐ **N**   ☐☐☐ . ☐☐☐☐☐ **W**

1. Which best describes this building? *Include all apartments, flats, etc., even if vacant.*

- ○ A mobile home
- ○ A one-family house detached from any other house
- ○ A one-family house attached to one or more houses
- ○ A building with 2 or more apartments
- ○ Boat, RV, van, etc.
- ○ Other, please specify:

2. Approximate age of building (years): ☐☐☐

3. How many people usually reside in this home? ☐☐

4. How many children (<18 years old) usually reside in this home? ☐☐

4. a. What are the ages of the children in this home?

☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

3. What type of garage, if any, is there associated with the dwelling?

○ None, detached, or separate carport   ○ Attached   ○ Underneath

3. a. Is this garage used for:

○ Parking one car   ○ Parking two cars   ○ Parking more than two cars   ○ Storage only

3. b. Indicate any small gasoline engine appliances stored in the garage:

- ○ Lawnmower
- ○ Weedwacker
- ○ Leaf blower
- ○ Chain saw
- ○ Other, please specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
- ○ None

3.c. Are gasoline or other petroleum based solvents stored in the garage? ○ Y ○ N

3.d. Is there a door leading from the garage into the dwelling? ○ Y ○ N

4. Indicate below information about the vehicle(s) used for transportation:

Primary vehicle used for transportation:

Make	Model	Year
☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐

Secondary vehicle used for transportation:

Make	Model	Year
☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐

Date

☐☐ / ☐☐ / ☐☐☐☐

12806

Residence Survey

Heating, Cooling and Ventilation Characteristics

1. How many separate central AC or window/wall units are in the home?

☐ Central AC units   ☐ Window/wall AC units

2. How many return air vents are in the home? ☐

3. For each return air vent indicate the HVAC filter type and date last changed, if known:

Manufacturer	Model No.	Date last changed
⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ -	⬚⬚⬚⬚⬚⬚⬚⬚	⬚⬚ / ⬚⬚ / ⬚⬚
⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ -	⬚⬚⬚⬚⬚⬚⬚⬚	⬚⬚ / ⬚⬚ / ⬚⬚

4. What are the heating sources in the home?

○ Forced air gas   ○ Wood burning stove   ○ Electric space heater

○ Forced air oil   ○ Fireplace, gas   ○ Open stove/oven

○ Forced air electric   ○ Fireplace, wood   ○ Other, please specify:

○ Forced water, radiator   ○ Gas space heater   ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

○ Heat pump   ○ Kerosene space heater

4.a. Indicate which heating source is NOT vented to the outside:

○ None   ○ Heat pump   ○ Kerosene space heater

○ Forced air gas   ○ Wood burning stove   ○ Electric space heater

○ Forced air oil   ○ Fireplace, gas   ○ Open stove/oven

○ Forced air electric   ○ Fireplace, wood   ○ Other, please specify:

○ Forced water, radiator   ○ Gas space heater   ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

4.b. Indicate which heating source has an external fresh-air source:

○ None   ○ Heat pump   ○ Kerosene space heater

○ Forced air gas   ○ Wood burning stove   ○ Electric space heater

○ Forced air oil   ○ Fireplace, gas   ○ Open stove/oven

○ Forced air electric   ○ Fireplace, wood   ○ Other, please specify:

○ Forced water, radiator   ○ Gas space heater   ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

5. Is there a whole-house or attic fan?   ○ Y   ○ N

6. Are there storm windows?   ○ Y   ○ N

Residence Survey

Participant ID

Cooking, Cleaning and Home Characteristics

1. What type of cooking fuel is used?

○ Gas   ○ Electric   ○ Other, please specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Is there an exhaust fan for the stove, range, oven, or elsewhere in the kitchen area? Ⓨ Ⓝ

2. a. How does this fan work?

○ Kitchen exhaust vented outside   ○ Other, please specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

○ Recirculation of indoor air   ○ Don't know

○ Charcoal filter

3. Is there a clothes dryer? Ⓨ Ⓝ

3. a. Is the clothes dryer vented out of the dwelling? Ⓨ Ⓝ

4. Is there a continuously burning pilot light on a:

○ Gas range   ○ Oven   ○ Clothes dryer   ○ Water heater   ○ Furnace

5. Have freshly dry cleaned clothes been brought into the house during the last week? Ⓨ Ⓝ

5. a. If yes, how many days ago? ☐

6. Does anyone living here smoke inside your home? Ⓨ Ⓝ

If yes:

6. a. How many persons living here smoke inside your home? ☐

6. b. How many persons living here smoke cigarettes inside your home? ☐

6. c. How many persons living here smoke cigars or pipes inside your home? ☐

7. Does anyone use a humidifier in your home? Ⓨ Ⓝ

7. a. If yes, what type of humidifier?

○ Ultrasonic   ○ Other, please specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

○ Evaporative   ○ Don't know

Brand name and model: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

12806

Residence Survey

Recent Construction and Painting

1. Have you painted in or around your home during the last 7 days or will you have any painting done during the monitoring period?   (Y)   (N)

2. Do you have any new furniture that has been in your home less than 1 month?   (Y)   (N)

3. Have you had any new construction to your home during the last 6 months that involved plywood or particle board, including cabinets, or any other pressed wood products?   (Y)   (N)

4. Have you had any new carpet installed in your home during the last 6 months?   (Y)   (N)

5. Have you had any new linoleum installed in your home during the last 6 months?   (Y)   (N)

12806

Residence Survey

Participant ID

Room Characteristics

Draw a floor plan of the home (each level, if applicable) *in the space provided below.* Label each room using the following format - XX# where XX describes the room and # is a number used to distinguish more than one room (e.g. bedrooms, bathrooms, etc.). XX = KI (Kitchen), LR (Living Room), DR (Dining Room), FR (Family Room), BR (Bed Room), BA (Bathroom), OF (Office), FY (Foyer), HA.(Hall), CL (Closet), UR (Utility Room), XR (Exercise Room), BS (Basement). Please define any other room designation. Use the same names on the following page. Also indicate the location of windows (W) and doors (D), the monitor cart (C), PFT sources (X), supply air vents (SA) and return air vents (RA).

12806

Residence Survey

Participant ID

Use the same name for each room as used on the previous page.
Measurements of length (L), width (W) and height (H) are in feet.

	Room	L	W	H	Floor Coverage %	Molds, mildew, or water damage?	Dust factor for room Clean Dusty
1						Y N	○ ○ ○ ○ ○ ○
2						Y N	○ ○ ○ ○ ○ ○
3						Y N	○ ○ ○ ○ ○ ○
4						Y N	○ ○ ○ ○ ○ ○
5						Y N	○ ○ ○ ○ ○ ○
6						Y N	○ ○ ○ ○ ○ ○
7						Y N	○ ○ ○ ○ ○ ○
8						Y N	○ ○ ○ ○ ○ ○
9						Y N	○ ○ ○ ○ ○ ○
10						Y N	○ ○ ○ ○ ○ ○
11						Y N	○ ○ ○ ○ ○ ○
12						Y N	○ ○ ○ ○ ○ ○
13						Y N	○ ○ ○ ○ ○ ○
14						Y N	○ ○ ○ ○ ○ ○
15						Y N	○ ○ ○ ○ ○ ○

12806